

# ATTACHMENT 2

## Brand Medically Necessary Prior Authorization Documentation

To obtain prior authorization (PA) for brand medically necessary drugs, pharmacy providers are required to submit a MedWatch form, Prior Authorization Request Form (PA/RF), or a Prior Authorization/Drug Attachment (PA/DGA), HCF 11049 (Rev. 06/03), to Wisconsin Medicaid. Providers are required to submit a photocopy of the brand medically necessary prescription with each PA request. The following table indicates the specific attachments providers are required to submit for certain PA requests.

*Note:* This table includes Wisconsin Medicaid's most current information and may be updated periodically.

Brand Medically Necessary Prior Authorization Documentation Requirements					
Scenario	Attachments				
	PA/RF	PA/DGA	MedWatch form	Photocopy of prescription	Peer-reviewed medical literature
A drug has no restrictions (e.g., PA)	✓		✓	✓	
A drug currently requires PA	✓	✓	✓	✓	
A drug is diagnosis restricted for an approved diagnosis	✓		✓	✓	
A drug is diagnosis restricted and is prescribed for use outside approved diagnoses	✓	✓	✓	✓	✓